



730 Topeka  
P.O. Box 287  
Lyndon, KS 66451-0287  
Phone: 785 828-3146

CITY OF LYNDON, KANSAS

ACCESSORY BUILDING PERMIT

Permit #: \_\_\_\_\_

Fee: \$50.00

Date Paid: \_\_\_\_\_

Property Address \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Contractor (if applicable): \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY.** This information is on your abstract, your tax statement, or available at the Osage County Register of Deeds Office located in the courthouse.

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Describe the type of structure being placed on your property: \_\_\_\_\_

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**SETBACKS:** Is location on a corner lot? Yes ☐ No ☐  
(If yes, the front property line setback is required on both streets)

\_\_\_\_\_ feet from the front property line (25 feet from property line)  
\_\_\_\_\_ feet from side yard property line (See Article 5)  
\_\_\_\_\_ feet from side yard property line (See Article 5)  
\_\_\_\_\_ feet from back property line (10 feet from property line)

Cost of Project: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Estimated starting date: \_\_\_\_\_ Completion date: \_\_\_\_\_

**IMPORTANT:** Attach a separate sheet showing structure dimensions and locations on the lot and the placement of the proposed structure. Indicate all setbacks, public or private easements, height of structure, and parking (if applicable). **The property owner or agent is responsible for the accuracy and verification of all dimensions given, as well as any legal surveying if needed.**

A Site Plan/Sketch is required, is it attached? Yes ☐ No ☐

**APPLICANT PLEASE READ**

I hereby certify that I have read and examined this application and know the same to be true and correct. **I hereby certify that I have been authorized by the owner to act as his/her agent in applying for and obtaining this permit prior to work being initiated.** All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** This application (if approved) expires **one year** after date of issuance unless the project is started within six months of approval.

**IF APPLICATION IS NOT APPROVED:**

- You have the right to file a request for a hearing before the Board of Zoning Appeals.
- See Article 12, or contact the City Clerk's Office for procedure.
- Request must be made within thirty (30) days of being disapproved.

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≈ SECTION BELOW FOR CITY USE ONLY ≈

Zoning \_\_\_\_\_ Occupancy \_\_\_\_\_ Floodplain \_\_\_\_\_ ADA \_\_\_\_\_

**Approved** \_\_\_\_\_ **Denied** \_\_\_\_\_

Comments of Zoning Administrator:

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Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Zoning Administrator

Permit #: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permit Requirements:**

\*The following requirements **must** be clearly marked in order for your permit to be submitted for review by the Planning and Zoning Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
- All set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

**\*\*The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.**

